

Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/435,249	
	Filing Date	11/05/1999	
	First Named Inventor	SCHNEIDER, Jay S.	
	Group Art Unit	1635	
	Examiner Name	Antione Royall	
Total Number of Pages in This Submission	27	Attorney Docket Number	SCH01-C1001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): CPA transmittal, Specification and Sequence Listing
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Clifford K. Weber
Signature	
Date	July 3, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text"/>			
Typed or printed name			
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

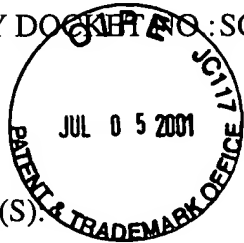
ATTORNEY DOCKET NO.: SCH01-C1001

TITLE:

Treatment for Parkinson's Disease With
Oligonucleotides

INVENTOR(S):

SCHNEIDER, Jay S.



"Express Mail" Label No. ET 601501234 US

Date of Deposit – July 3, 2001

I hereby certify that this paper (and any documents identified as enclosed herein) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:

Assistant Commissioner for Patents,
BOX CPA
Washington, D.C. 20231.

By

A handwritten signature in black ink that reads "Clifford K. Weber".

Clifford K. Weber

Assistant Commissioner for Patents
BOX CPA
Washington, DC 20231

Sir:

Transmitted herewith for filing, please find the following:

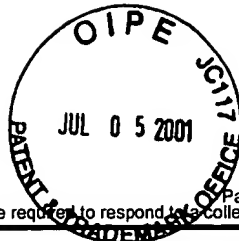
1. Transmittal Form
2. Fee Transmittal Form
3. CPA Transmittal (2 Copies)
4. Specification
5. Paper copy Gene Sequence Listing
6. Certificate of Express Mailing

Respectfully submitted,

A handwritten signature in black ink that reads "Clifford K. Weber".

Clifford K. Weber
Registration No. 42,215

Please type a plus sign (+) inside this box → ☐



PTO/SB/29 (2/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	22	-20* = 2	x \$ 18.00 =	\$ 36.00
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	10	-3** = 7	x \$ 80.00 =	\$560.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))			+ \$ 270.00 =	\$0.00
				BASIC FEE (37 C.F.R. § 1.16)	\$710.00
				Total of above Calculations =	\$1,306.00
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).				
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL = \$653.00

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
b. ☒ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 0491:

- a. ☒ Fees required under 37 C.F.R. § 1.16.
b. ☒ Fees required under 37 C.F.R. § 1.17.
c. ☒ Fees required under 37 C.F.R. § 1.18.

8. ☐ A check in the amount of \$_____ is enclosed.

9. ☐ Other: _____

NOTE:

The prior applications correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

24358

or ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print / Type)

Clifford K. Weber

Signature

Clifford K. Weber

Registration No. (Attorney/Agent)

42,215

Date

July 3, 2001